Summer 2008
Volume XXXII, Number 2

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CPHA ACSP health digest
CANADA'S PUBLIC HEALTH LEADER
LE LEADER CANADIEN EN SANTE PUBLIQUE

REPORT FROM THE CHAIR OF THE BOARD OF DIRECTORS

Update on Member Survey & Priorities Moving Forward

In the Spring 2008 *Health Digest*, I reported to you about CPHA's comprehensive policy development process and the opportunities for discussion and review of policy issues and options for action. I'd like to share with you some of the developments over the past several weeks.

In April, CPHA conducted an internet-based survey of its members to elicit their thoughts about what should be the Association's policy and public health practice focuses over the next 12 months. The survey asked respondents to rank their level of agreement or disagreement as to the importance of 12 policy areas and 7 public health practice areas. The survey also included an open-ended question where respondents could express their views and add additional suggested areas of focus.

CPHA received replies from 333 members, representing a response rate of over 23%. This compared very favourably with the 10.6% response rate for the member survey in 2006.

Health disparities and poverty scored as the most important public health policy areas, followed by environment and chronic disease prevention. The three highest ranked areas of public health practice were public health leadership, equitable access/public health service delivery, and public health communications (advocacy and engagement). These results were corroborated by the information collected through the open-ended question.

The 2008 survey results were very close to the results from the first on-line CPHA member survey in 2006 and to the

Ron de Burger, CPHA Chair

results of the Environmental Scan conducted by the CPHA Advisory Council. The 2006 member survey identified public health leadership, infrastructure and capacity along with poverty and the social determinants of health as the two priority focus areas. The Advisory Council Environmental Scan ranked public health communications, public health leadership, public health determinants, environment (including food security and community health) and public health human resources as the areas warranting special attention.

Taking the results of the three surveys into consideration, there are five priority areas for CPHA's attention over the next 12 months:

- Health disparities/poverty/social determinants of health
- Public health leadership
- Public health access, including infrastructure and human resources
- Chronic disease prevention, and
- Environment/sustainable development

The results also show that CPHA should not lose sight of communicable disease prevention and protection, mental health and addictions, and life course issues, such as child health, adolescent health and health and aging.

As I mentioned in the previous issue of the *Health Digest*, CPHA would institute at the 2008 Annual General Meeting an "open mike" session, at which members would be invited to speak briefly on public health issues that they wish to bring to

...see Policy Update, page 12

Mark your calendars!

CANADIAN PUBLIC HEALTH ASSOCIATION
2009 Annual Conference

7-10 June 2009
Winnipeg Convention Centre
Winnipeg, Manitoba

www.cpha.ca

CPHA *health digest*
Canadian Public Health Association

Volume XXXII, Number 2
Summer 2008

The *CPHA Health Digest*
is an official publication of the
Canadian Public Health Association
and is published four times a year.
It is supplied as a CPHA membership
benefit to members in good standing.

ISSN 0703-5624

Printed on recycled/recyclable paper

Publications Mail Agreement No. 40062779.
Return undeliverable Canadian addresses to:
Circulation Department
Canadian Public Health Association
400-1565 Carling Avenue
Ottawa, Ontario, K1Z 8R1 Canada
Tel: 613-725-3769
Fax: 613-725-9826
E-mail: info@cpha.ca

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Mission Statement

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

CEO'S COLUMN

Reducing health inequalities through evidence and action

This past June, CPHA's 2008 Annual Conference brought close to 1,000 public health professionals from nongovernmental organizations, professional associations, academia and various levels of government to Halifax, Nova Scotia. The Conference theme – *Public Health in Canada: Reducing Health Inequalities Through Evidence and Action* – challenged delegates to work together to build the foundation for structural changes to a broad array of policies and practices that reduce health inequalities and improve the lives of Canadians.

The Conference was rich in discussions about how health inequalities shape peoples' lives and the importance of the fundamental determinants that affect health and human development. Among our many presenters, some very important and provocative messages resonated with the audience:

- Sir Michael Marmot, Chair of the WHO Commission on the Social Determinants of Health, reminded us that *"health is a basic human need and universal human aspiration."* He noted *"if there are inequities or inequalities in health that could be addressed, it is a matter of social justice to address them."*
- Growing up in Canada with the benefits of a steep social gradient is like living your life on *"socio-economic steroids,"* Dr. John Frank, Scientific Director of the CIHR Institute of Population and Public Health (IPPH), told participants at the Monday morning plenary. *"The gradient is much steeper than people are led to believe,"* Frank said. *"If you come from a rich kid's background, you're on socio-economic steroids your whole life."*
- *"The strength that we have is in our communities,"* affirmed Margo Greenwood, Scientific Director of the National Collaborating Centre on Aboriginal Health. *"It is the knowledge and wisdoms of our languages, our stories, and our ceremonies in those communities."* She stressed the need for *"individual and collective responsibility to eradicate health inequalities, not just for those of us today, but for generations yet to come."*
- Thomas Homer-Dixon emphasized the need to build resiliency and innovation into our public health systems. He urged delegates that *"system shocks"* can often be the first step in building something better. It often takes a breakdown in the system to alert us that it is too complex, or too rigid and brittle.
- And finally, The Honourable Monique Bégin's presentation lit a fire among all with these words: *"We have a challenge to launch a social movement in this country, and the great news is that the Canadian Public Health Association is behind it."*

When planning for the 2008 Annual Conference began in October 2007, the national Steering Committee recognized the importance of ensuring that the dialogue at the Conference resulted in concrete action on health inequalities. With this in mind, CPHA committed to delivering a Call to Action at the Conference Closing Ceremony. It was clear that this Call to Action needed to be informed by the public health community and be the holistic outcome of the conference program.

The Call to Action captured the overriding sense of impatience permeating the halls of the conference. We heard one very clear message: We have the knowledge; we have the conceptual frameworks for understanding that knowledge; we know a lot of what needs to be done; we need to take action now.

We also heard that this is the right moment for practical, coordinated action. In the coming months, several key reports will be released, including the:

- first Chief Public Health Officer's Report;
- report of the WHO Commission on Social Determinants of Health; and
- Senate Subcommittee report on population health.

...see CEO's Column, page 4

CPHA 2008 Award Winners

Each year at its Annual Conference, CPHA honours those who have contributed significantly to public health in Canada through the CPHA Honorary Awards Program. At this year's luncheon held June 2 in Halifax, Nova Scotia, five awards and five student awards were presented.

Dr. Stephen J. Corber
R.D. Defries Award
A graduate of McGill University in Montreal, Steve Corber has been a practicing public health professional for over 30 years. He has served as the Medical Officer of Health for the Ottawa-Carleton Health Department, overseeing a dynamic team of public health professionals. He served with the Pan American Health Organization for 10 years, supporting programmes in Latin America and the Caribbean. Dr. Corber has a long history of membership and service with CPHA. He was instrumental in supporting the start-up of CPHA's Global Health Programs and provided technical support to one of the Association's first Latin American partners in Peru. Additionally, he was the Scientific Editor of the Canadian Journal of Public Health for 4 years prior to his assignment with PAHO in Washington. Upon his return to Canada, Dr. Corber assumed the position of Director of Public Health Practice at the Faculty of Health Sciences at Simon Fraser University.

Dr. Peter Sarsfield
Honorary Life Membership
Dr. Peter (Pete) Sarsfield worked in public health for a major part of his career and has recently retired from the post of Medical Officer of Health for the Northwestern Health Unit, which he had held for the past 14 years. He is a visionary whose advocacy for public health has moved the Northwestern Health Unit into public awareness on multiple occasions. Advocating activities for improved and increased public health services for First Nation communities include establishing working relationships with the communities; writing technical reports describing the current conditions with recommendations to remedy the situation; working with the First Nation community to promote the document via local, regional and national media; and assisting politicians to advocate at the provincial and federal government levels.

Smoke Free Kings
Ron Draper Health Promotion Award
Smoke Free Kings undertook a grassroots campaign to convince the Town of Wolfville to ban smoking in vehicles carrying children and youth. They educated the public and the Town Council about the health risks of second-hand smoke exposure in the concentrated environment of a vehicle and the disturbingly high rate of children's exposure to this hazard. After twelve months of diligent work, Wolfville passed Canada's first bylaw to ban smoking in vehicles carrying children and youth. Four days after Wolfville passed its bylaw, a bill proposing a province-wide ban was tabled in the Nova Scotia Legislative Assembly. The bill passed unanimously less than a month later. Since then, several other provincial governments have signaled their intention to pass similar legislation. None of this would have happened if not for the diligence and steadfast commitment to public health shown by the volunteers with Smoke Free Kings.

Deborah Gordon-El-Bihbety
Certificate of Merit
Deborah Gordon-El-Bihbety is the President and CEO of Research Canada. Ms. Gordon-El-Bihbety has a background in health research, and has published in a number of journals, including the *Canadian Medical Association Journal*. She is currently a Board Member of the Ottawa-based Elisabeth Bruyere Research Institute as well as Co-chair of CPHA's Expert Panel on Health Literacy. She co-authored the Panel's recently published (March 2008) report on the state of health literacy in Canada. In addition, she has worked closely with many national health associations on a wide variety of health research and health policy issues. Deborah has been a strong advocate for public health in general, and health literacy in particular, over the past fifteen years.

Dr. David Mowat
Public Health Agency of Canada/ Canadian Public Health Association Health Human Resources Award (Individual)
Dr. David Mowat was nominated for the PHAC/CPHA Public Health Human Resources Award for his exemplary and dedicated leadership to public health workforce development in this country. With longstanding interest and involvement in evidence-based decision making, surveillance and public health system infrastructure, his work at the former Population and Public Health Branch, and subsequently the Public Health Agency of Canada, increasingly focussed on strengthening the public health workforce. Predating the establishment of the Agency, he actively supported the development of the Skills Enhancement initiative comprised of online continuing education modules, and was a major driving force behind a series of regional consultations to identify priorities for public health education in

...see Award Winners, page 4

Award Winners, from page 3...

this country. He has made significant contributions to many landmark reports, including several chapters of the Naylor Report related to building capacity and public health human resources, as well as the pan-Canadian framework for public health human resources. As vice-chair of the public health human resources task group and the Agency's Deputy Chief Medical Officer of Health heading the Office for Public Health Practice, his leadership was critical in supporting major initiatives including core competencies and strengthening linkages with universities, including the development of guidelines for MPH programs, and examination of the potential contribution of Schools of Public Health. Having now returned to a Medical Officer of Health role in Ontario, Dr. Mowat continues to make a tremendous contribution to strengthening public health human resources across this country.

Dr. Brenda Currie
Dr. John Hastings Student Award
Brenda holds a Master of Dental Science degree from the University of British Columbia and has 30 years of experience working as a clinical and community dental hygienist. As a PhD student with the BC Cancer Agency's Oral Cancer Prevention Program, and University of British Columbia, Brenda is interested in developing collaborative new approaches for oral cancer prevention, harm reduction, and screening strategies that will ultimately improve oral health and enable access in high priority populations.

Population and Public Health Student Awards
The Canadian Institutes of Health Research's Institute of Population and Public Health (IPPH) is collaborating with the Canadian Public Health Association (CPHA), Canadian Institute for Health Information-Canadian Population Health Initiative (CPHI) and the Public Health Agency of Canada to launch the 5th annual awards program in applied population and public health (PPH) research for Masters and PhD level students enrolled in a Canadian academic institution. The purpose of this awards program is to recognize excellence in the next generation of population and public health researchers, policy-makers and practitioners.

PhD level
- Mr. Brian Evoy
- Ms. Pamela Cameron

Masters level
- Ms. Jessica Reid
- Ms. Elizabeth Estey

Canadian Journal of Public Health articles now online

The Canadian Public Health Association (CPHA) has undertaken a strategic review of the *Canadian Journal of Public Health (CJPH)*. The goal of this review is a revitalized journal that will continue to effectively meet the needs of the Canadian public health community.

As part of this review, CPHA has identified the need for online access to journal articles as a priority. To increase the Journal's accessibility to researchers and practitioners around the world, the Association has developed the necessary infrastructure to support posting the past ten years' editions of the Journal on the CPHA website. A fully searchable database of all articles published in the past ten years is now available online at www.cjph.cpha.ca [click on "Back Issues"].

CPHA would like to acknowledge and thank the Canadian Institutes of Health Research's Institute of Population and Public Health (IPPH) for their generous support in making this work possible.

CEO's Column, from page 2...

These landmark documents will provide us with the opportunity to move health inequalities onto the political agenda. There is growing public recognition of health inequalities and the need to address them and, as public health practitioners, we will no longer accept inaction.

We must harness the urgency and the call for immediate action, the vision and the hope expressed at the 2008 Annual Conference and we must transform it into lasting movement for change. It is truly time to take leadership and get on with the job of translating our vision into practical, sustainable results.

CPHA is eager to fulfill its role as a convenor and a catalyst in collaboration with organizations that have been working in this area for a very long time. CPHA is committed to get the ball rolling on this social movement and will position the 2009 Annual Conference (7-10 June 2009, Winnipeg, Manitoba) as a forum for sharing our progress on addressing health inequalities, and assembling ideas and experience from the field.

A conference of this magnitude is the result of hard work and unwavering commitment by a cast of many. On behalf of CPHA's Board of Directors and staff, I would particularly like to thank the following:

- Our partners: the Public Health Agency of Canada, the Canadian Population Health Initiative of the Canadian Institute for Health Information, the Institute of Population and Public Health of the Canadian Institutes of Health Research, and the National Collaborating Centres for Public Health
- Conference Co-Chair, Erica Di Ruggiero
- The individual members of the Conference Steering Committee and Sub-Committees and our many scientific reviewers
- The members of the Public Health Association of Nova Scotia
- Generous and supportive corporate sponsors and exhibitors.

The next conference is scheduled for **June 7-10, 2009 in Winnipeg, Manitoba** – so mark your calendars now!

STUDENT *Corner*

Environment change and its impact on public health

Olusegun Famure, Doctoral Candidate, Department of Health Administration, Central Michigan University

In recent years, there has been an increase in droughts, floods, heat waves and violent storms, which could possibly be the result of an increase in average global temperatures. Climate change may potentially seriously impact the health of Canadians and people around the globe. Events such as the recent floods in the American mid-west and the cyclones that devastated the Asian country of Myanmar are examples of the scale of devastation that may be encountered. Loss of food and shelter, and the spread of waterborne diseases all play an integral role in determining the health of the communities involved.

Below are opportunities and avenues for students to be directly involved with enacting practical policy changes by educating and increasing the awareness of people regarding environmental issues, as well as developing, implementing, and managing environmental policies with governments both locally and internationally.

Roundtable for Health and Climate Change - Policy Making

The Roundtable on Health and Climate Change is a forum for representatives from health and environmental non-governmental organizations, the education and private sectors, industry, the Aboriginal community, academics and representatives of municipal, provincial and federal governments to examine the health impacts of climate change and formulate how action may be taken to address them for the benefit of all Canadians. The outcome of the Roundtable will be focused on collective consensus and goal-setting, resulting in the development of an action plan to implement the recommendations identified by the participants. For more information, visit the website:
http://www.cpha.ca/en/programs/environment/rndtable1.aspx

Graduate Programs in Environmental Health

Students considering further education in environmental health may seek graduate programs at both the Masters and PhD level, such as the MSc. in Environmental Health Sciences degree. This program concentrates on the knowledge and skills required to investigate environmentally mediated human health concerns by evaluating the chain of causation arising from exposure to potentially hazardous agents through to adverse health outcome(s). Training emphasizes theories, concepts and practices of exposure assessment within the chain of causation. For more information, visit the website:
http://www.phs.ualberta.ca/msc_Env_Hlth_Sci.cfm

Raising Awareness about the Health Effects of Air Pollution

With the proven notion that air pollution has had an increasingly negative impact on the health of Canadians, the resource materials on this site are intended to raise public awareness regarding the health effects of air pollution and possible actions that may prevent or reduce these effects. For more information, visit the website:
http://www.cpha.ca/en/programs/environment/air-pollution.aspx

CPHA: Nurturing the Next Generation of Public Health Leaders

Sarah Viehbeck
PhD candidate, University of Waterloo
Student Representative, 2007 and 2008
CPHA Conference Steering Committee

In recent years, public health in Canada has undergone significant evolution. A component has been a growing emphasis on capacity building, training, and workforce development initiatives for public health research, policy, and practice. Some examples of this growth include increased training and personnel funding for graduate students and researchers, tremendous expansion of Master's of Public Health programs, and the development of Pan-Canadian Core Competencies for Public Health.

In this broader context, CPHA and its Conference collaborators, CIHI-CPHI, CIHR-IPPH, PHAC, and the NCCPH, have demonstrated their commitment to building capacity among the next generation of public health leaders through providing enhanced opportunities for student involvement at the annual CPHA conference. It has been my pleasure to support the student planning efforts as a member of the CPHA Conference Steering Committee for the last two years.

A range of activities have been implemented to facilitate greater student involvement and recognition. In addition to the very successful Student Awards program which honours outstanding student abstracts, a Travel Bursary program was established in 2007 to enable students whose work was accepted for presentation to be considered for travel support. While at the conference, students were oriented through the new *Student Supplement* which offered tips for navigating a CPHA conference, described sessions of interest to students, recognized student award and bursary winners, and featured information on CPHA

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CPHA POLICY UPDATE

Focus on the social determinants of health

CPHA regularly participates through its Board of Directors, members and staff in national discussions concerning public health policies. This column highlights several significant recent events.

Following the release in late February of the Government of Canada's 2008 budget, CPHA posted on its website *"Budget 2008: A passing grade for the public's health?"* Over the past several weeks, CPHA continued to be active on the public health policy front. Some highlights:

- CPHA issued a response, posted on its website, to the first annual report from Canada's Chief Public Health Officer (CPHO), Dr. David Butler-Jones, which was tabled in Parliament on Wednesday, June 18, 2008. CPHA called upon the federal government to reinforce its leadership in public health and take progressive action to address the broad spectrum of determinants of health in consultation with the provincial and territorial governments and municipalities;
- In late June, CPHA submitted a brief to the Senate Subcommittee on Population Health. CPHA congratulated the Senate Subcommittee on the impressive level of analysis and the key messages highlighted in the Subcommittee's four reports, particularly the *Population Health Policy: Issues and Options Report*. CPHA noted the lack of consideration of enhanced public health capacity as a gap in the issues identified in the Senate Subcommittee's reports. CPHA presented three options for consideration by the Senate Subcommittee: bolstering core public health functions, programs and services; providing continued and enhanced public health leadership in both the governmental and non-governmental sectors; and expanding, improving and retaining public health human resources. The Subcommittee's final report will be released in December 2008;
- In early July, CPHA's Statement on the BC Supreme Court Ruling in support of the supervised injection facility (SIF) in Vancouver's Downtown eastside will be publicly released. CPHA welcomes the BC Supreme Court's decision granting Insite, Canada's first SIF, a constitutional exemption from the application of two subsections of the Controlled Drugs and Substances Act (CDSA). The court's ruling reinforces the argument that illicit drug use and addiction should be treated as health rather than criminal justice issues. Putting into place and nurturing a supportive environment for a continuum of service (prevention, care, support and treatment) is key to keeping drug users alive and reducing harm and risk to their own lives and to others.

CPHA's role in pan-Canadian policy advocacy and communications was highlighted at the Association's 2008 Conference in Halifax in June. At the Conference's final plenary, CPHA's Chair and CEO delivered a Call to Action, addressing health inequalities in Canada. This Call was informed by the discussions among the public health community at the conference, including the open discussion by the Association's membership during CPHA's Annual General Meeting.

Over the next few months, you will see further policy statements from CPHA. These will include continued consultation within the Canadian Coalition for Public Health in the 21st Century on a pre-election background paper for Members of Parliament and prospective candidates, as well as responses by CPHA to the forthcoming reports of the WHO Commission on the Social Determinants of Health and the Senate Subcommittee on Population Health. CPHA welcomes the active and open communication and feedback from its members as it moves forward to define the focus of its policy and communications.

As mentioned in the Report from CPHA's Chair (see page 1), a new policy development process is being prepared. The objective is to improve how policy issues for the Association are identified and prioritized and to streamline the process of their consideration and endorsement by the Board. This work will also identify a clear role for CPHA's membership. Members will be kept updated on the formulation of this process. ♣

New Generation, from page 5...

membership, student opportunities in partner organizations, and employment information.

The planned initiatives have been complemented by a tremendous growth in student participation in other aspects of the CPHA conference. For example, at the 2008 conference:

- 115 students registered
- 40+ students participated in the CPHA Student Breakfast
- 20+ students attended a pre-conference workshop on manuscript preparation
- 16 students participated in the abstract review process
- 40 students were accepted for oral presentations
- 25 students were accepted for poster presentations.

Student involvement of this nature represents a bright light for the future of public health research, policy, and practice – it signifies an active and growing community of emergent public health professionals. The CPHA conference provides a unique venue for student engagement around issues of interest in the Canadian public health context. This exposure is critical for students to interact with the broader professional community, be grounded in the history of the field, learn about and understand the current salient issues and debates, and be a part of creating the future of public health in Canada.

...see New Generation, page 10

BEST FOOT FORWARD

A Falls Prevention Public Education Program

Every year, one in three Canadians over age 65 will fall – often with serious consequences. In an effort to prevent falls within the senior community, the *Canadian Chiropractic Association* (CCA) has launched a new public education program called, *Best Foot Forward*. Through a series of colourfully illustrated and informative Tip Sheets, the program equips seniors and health care professionals with the knowledge and support necessary to prevent a debilitating fall.

The Tip Sheets recommend various activities to reduce the risk of slipping, tripping or falling:

- ***Improve Your Strength and Balance*** focuses on simple activities that can be done regularly to improve your strength and balance.
- ***Prevent Falls in the Home*** acknowledges that most trips, slips and falls happen in and around the home and suggests simple things that can be done to make a home 'fall-proof'.
- ***Reduce Your Health Risks*** highlights that physical health can affect risk of tripping, slipping and falling and suggests ways to improve physical health.
- ***Watch Your Step*** provides general advice on ways to stay safely upright.

In addition to providing these resources, the CCA will organize falls prevention presentations anywhere around the country upon request.

Best Foot Forward was designed for use by every health care profession. To obtain your public education materials to use in office, at community centres or at outreach events, visit www.ccachiro.org. Contact Monifa Miller, Communications Manager, at mmiller@ccachiro.org for more information or to schedule a falls prevention presentation.

Strengthening Public Health Nutrition Practice

Submitted by Erica Di Ruggiero on behalf of the Pan-Canadian Task Force for Public Health Nutrition Practice (Erica is a member of the CPHA Board of Directors and represents the Association on the Task Force)

What is public health nutrition practice? What competencies (i.e., knowledge, skills and attitudes) do public health nutrition professionals need to practice effectively now and in the future?

These questions are included in the work of a Pan-Canadian Task Force which is focused on strengthening public health nutrition practice in Canada. This Task Force is supported by leaders and organizations in investigating the need for discipline-specific competencies through research, consultation and collaboration.

The Pan-Canadian Task Force on Public Health Nutrition Practice (the Task Force) formed in early 2006 to provide strategic guidance and expert advice on public health nutrition practice enhancement in Canada. The group includes front-line dietitians and leaders in public health nutrition from across Canada and organization liaisons, who together bring a variety of perspectives related to public health nutrition practice, workforce-related issues, education, training, regulation, and research.

In June 2008, both at the Canadian Public Health Association conference in Halifax and the Dietitians of Canada conference in Winnipeg, the Task Force presented information on their activities, including their work on a discussion paper for broad consultation. This discussion paper will propose a definition of public health nutrition practice and make recommendations regarding discipline-specific competencies.

The Task Force has not assumed that a new or unique set of competencies is required for public health nutrition practice. Instead, they have mapped existing dietetic and public health nutrition competencies, using the Core Competencies for Public Health in Canada: Release 1.0 report as the starting point. The analysis of this mapping, due to be completed by Fall 2008, will help to identify what a set of discipline-specific public health nutrition competencies might look like, if needed.

Coming *events*

KSTE in Action
3rd Annual Summer Institute in Knowledge Synthesis, Translation and Exchange
Co-hosted by the National Collaborating Centres (NCCs) for Public Health
5-7 August 2008 Kelowna, BC
Contact: Conference Secretariat
Tel: 902-422-1886
E-mail: nccphsummerinstitute@agendamanagers.com
http://summerinstitute.nccph.ca/

2nd European Conference on Injury Prevention and Safety Promotion
Making Europe a Safer Place
9-10 October 2008 Paris, France
Contact: Conference Secretariat
Mrs. Joke Broekhuizen
Tel: +31 20 511 4513 Fax: +31 20 511 4510
E-mail: secretariat@eurosafe.eu.com
www.eurosafe.eu.com/paris2008

Public Health Without Borders
APHA 136th Annual Meeting & Exposition
25-29 October 2008 San Diego, CA
Contact: American Public Health Association
www.apha.org

Chronic Disease Prevention Alliance of Canada
3rd National Conference
24-26 November 2008 Ottawa, ON
Contact: www.cdpac.ca

Checking In: Health for All or Health for Some?
15th Canadian Conference on International Health
Canadian Society for International Health
26-29 October 2008 Ottawa, ON
Contact: Virginia Fobert
E-mail: vfobert@csih.org
www.csih.org

8th Canadian Immunization Conference
Partnership, Innovation, Education
Hosted by PHAC in collaboration with CAIRE, CPA and CPHA
30 November-3 December 2008 Toronto, ON
Contact: Conference Secretariat
Tel: 613-238-4870
Fax: 613-236-2727
E-mail: immunconf@phac-aspc.gc.ca

2009 CPHA Annual Conference
7-10 June 2009 Winnipeg, MB
Contact:
E-mail: conference@cpha.ca
www.cpha.ca

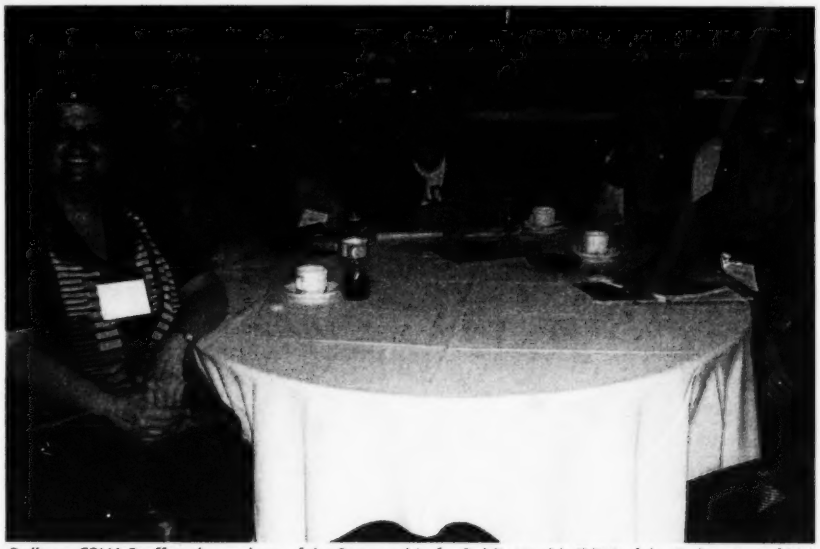
14th International Congress on Circumpolar Health
Health Canada and the Government of the Northwest Territories
11-16 July 2009 Yellowknife, NT
Contact: Pat Thagard, Congress Coordinator
Arctic Health Research Network
Tel: 867-873-9337
Fax: 867-873-9338
E-mail: icch14@theedge.ca

Ministers and Public Health Association Partners from the Balkans Attend CPHA's 2008 Annual Conference in Halifax

A delegation of Ministers representing the governments of Serbia and Bosnia & Herzegovina (BiH) attended the CPHA 2008 Annual Conference in Halifax, Nova Scotia. The Ministers were joined by two members from the Public Health Association of Serbia (PHAS) and two members from the Public Health Associations (PHAs) in the entities of BiH – Partnership for Public Health (PPH) of the Federation of BiH and the Public Health Association of Republika Srpska (PHARS). The visiting PHA members included Dr. Snezana Simic, President of the PHAS, Dr. Jovan Zivkovic, Vice-President of the PHARS, Dr. Julija Kotal, Member of PHAS, and Ms. Vedrana Rebic, Member of PPH.

During their visit in Canada, the Ministers and the Public Health Association partners from the Balkans attended various senior-level round-table meetings in Halifax, with such participants as the Public Health Agency of Canada (PHAC), the Nova Scotia Department of Health, and the Capital Health District of Nova Scotia. One of the visit highlights included an interactive session with Dr. Stan Kutcher of Dalhousie University and Director, World Health Organization (WHO) Collaborating Centre. This offered the delegates the chance to discuss challenges and opportunities in delivering affordable, effective, accountable primary health care that meets the needs of diverse populations including youth and vulnerable groups.

The Ministers' trip was organized through the cooperation of three projects in the Balkans funded by the Canadian International Development Agency. The projects work collaboratively to assist the two countries to improve and protect the health of their citizens through the strengthening of their health care delivery and public health systems. The projects include: the *Balkans Primary Health Care Policy Project*, implemented by the Canadian Society for International Health (CSIH) in partnership with Queen's University; *the Balkans Youth and Health Project*, implemented by the CSIH in partnership with the World University Service of Canada; and the *Strengthening Balkans Civil Society's Voice for Public Health through Public Health Associations Project*, implemented by CPHA in conjunction with PHAS, PPH, and PHARS.



Balkans CPHA Staff and members of the Partnership for Public Health (PPH) of the Federation of BiH and the Public Health Association of Serbia at one of the plenary sessions at the CPHA conference. From left to right are: Ms. Pauline Kirkwood, CPHA staff (Ottawa); Ms. Sejdefa Basic Catic, CPHA staff (Sarajevo, BiH); Ms. Julija Kotal, Member of PHAS; Dr. Snezana Simic, President of PHAS; Dr. Stela Stojisavljevic, CPHA Staff (Banja Luka, Republika Srpska); and Ms. Vedrana Rebic, Member of PPH.

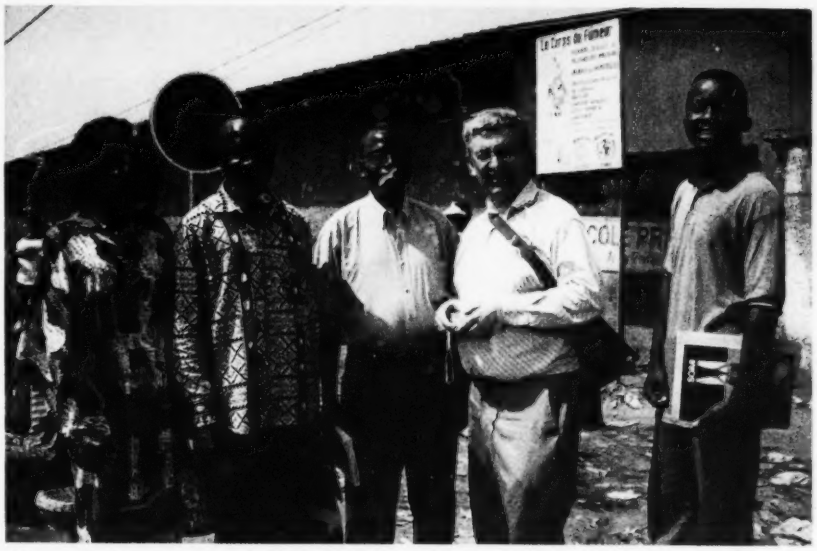
CPHA and CSIH also co-hosted an afternoon thematic session at the conference entitled "Primary Health Care Reform in the Balkans and the Contribution of Civil Society to Improve Access for Vulnerable Populations". This session was presented by the Minister of Health and Social Welfare of the Republika Srpska, BiH, Dr. Ranko Skrbic, and the Assistant Minister of Health of Serbia, Dr. Ivana Misic. The presenters shared lessons learned regarding the challenges faced by all sectors for equitable access to health for all and the progress achieved in terms of reforming the health system infrastructure in BiH and Serbia. The Ministers also discussed the contributions made by Canada in primary health care policy, youth health, and other investments in the region.

Following the CPHA conference, the Ministers traveled to Ottawa to meet other senior government officials from Health Canada and PHAC. Towards the end of their visit, the Ministers also met with the Honourable Peter Milliken, Speaker of the House of Commons, and the Honourable Tony Clement, Minister of Health, and participated in two round-table discussions with several medical and health associations, hosted by CPHA and the Canadian Nurses Association.

The visitors from PPH, PHARS, and PHAS remained in Halifax and had the opportunity to learn from the Tobacco Control Unit at the Nova Scotia Department of Health Promotion and Protection and the North End Community Health Centre, including a visit to Direction 180 – an innovative, first of its kind, community-based methadone clinic in Atlantic Canada. The PHA delegates also had the opportunity to meet with members of the Public Health Association of Nova Scotia (PHANS), including its President, Marie McCully Collier. This visit was hosted and organized courtesy of the Atlantic Health

CPHA is looking for professionals interested in providing technical support to SOPHA Partners

The **Strengthening of Public Health Associations (SOPHA)** program would like to invite statements of interest from health professionals with international experience and knowledge of Public Health Associations (PHA) and/or civil society organizations for short-term international volunteer technical support missions.



Volunteer technical adviser, Dr. Rénald Bujold, on a project site visit with members of the Congo Public Health Association.

Background

Since 1985, SOPHA has provided technical assistance to Public Health Associations (PHAs) in 28 countries. The SOPHA program currently supports the PHAs of Cameroon, Congo (Brazzaville), Haiti, Malawi, Mozambique, Nicaragua and Niger. There are often requirements for technical expertise and in such cases, the SOPHA program identifies and recruits Canadian volunteers for short-term assignments.

For more information on the SOPHA program and its partner PHAs, please visit our website: www.sopha.cpha.ca

Volunteer Technical Advisors transfer "best practices" in public health and organizational capacity building to SOPHA partners and provide valuable insights about the Canadian model of health and its underlying values. The assignments usually last from one to two weeks and focus on specific tasks. CPHA covers travel-related expenses (i.e., economy class return airfare, accommodation, daily meal/incidental expense allowance, visa, travel insurance, etc). Volunteer Technical Advisors provide their time as an in-kind contribution.

General Criteria

- Five years of relevant experience in the public health sector and/or in the management and governance of small non-profit organizations and/or in health-based advocacy;
- Work experience in Africa or Latin America with knowledge and understanding of current public health issues;
- Canadian citizen or permanent resident;
- Ability to work effectively in one or more of the language(s) of SOPHA partner countries (English, French, Portuguese and Spanish);
- Experience of having worked in multicultural environments;
- Experience and understanding of issues related to voluntary membership-based organizations in Canada or abroad; knowledge of public health associations is an asset.

Application

If you are interested, please submit a complete CV and covering letter stating your interest and your areas of expertise as they relate to the SOPHA program and its partners by email or mail (see details below). We will acknowledge receipt of your submitted statement of interest and contact you should opportunities matching your expertise and experience arise.

SOPHA
Canadian Public Health Association
400-1565 Carling Avenue
Ottawa, Ontario Canada K1Z 8R1
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Promotion Research Centre (www.ahprc.dal.ca/). Useful exchanges took place on the challenges of engaging members, sustainability, and the role of volunteers. Of particular interest to the delegates was the ability of a civil society organization to operate without paid staff.

In general, the presentations and attendance at the CPHA conference allowed the PHA delegates to learn about the formation of Public Health Associations and public health initiatives and understand their role in promoting broad population health goals such as good health and healthy lifestyles. The Ministers were exposed to the Canadian experiences in developing policies and increased their understanding of citizen participation in policy and planning. The visit to Halifax was an excellent opportunity for all delegates to establish linkages between governments and civil society organizations.

On behalf of our guests, CPHA extends its thanks to the individuals and organizations that helped with the conference and Study Tour in Halifax and Ottawa.

Canadian International Immunization Initiative Phase 2 (CIII-2)
CPHA Immunization Project – Technical Assistance and Awareness Components

Knock Out Tigdas! Working towards Measles Elimination in the Philippines

by Anne Arthur and Dana Carr, CIII-2 Consultants, STOP 26, September to December 2007

It was 4:30 am, still dark, when our plane touched down in Manila on September 24, 2007. On our way to the hotel, we watched the city of 10 million come to life in the predawn light. This would be our home base for the next three months. We were two Canadians on our first Stop Transmission of Polio (STOP) mission.

As members of the 26th STOP team, we were recruited and funded by the Canadian International Immunization Initiative and had been assigned to the World Health Organization (WHO) country office for the Philippines to provide data management and technical field support for a national measles campaign taking place in the fall of 2007. Our roles varied, from conducting immunization surveillance to developing tools and methods to collect, enter and analyze survey data. We also provided technical support to the National Epidemiology Centre at the Philippine Department of Health.

Chalk markings indicating that every child living in the house had been immunized during the campaign.

In 1998, the Philippines adopted a 10-year plan to eliminate measles. In 2006 – after two years without a single reported measles case – multiple measles outbreaks were reported in several areas of the Philippines. In response to this issue of critical public health importance, the second follow-up campaign, "Knock Out Tigdas", was planned for October 2007.

The goal of this campaign was to reach at least 95% of children nationwide between 9 and 48 months of age – approximately 9 million children – by going door to door. All eligible children were given measles vaccine, as well as Vitamin A and de-worming medicati[on]. Chalk markings on the houses were used to indicate whether all eligible children in a household had been immunized and to show if a revisit by the vaccination team was needed.

When the campaign began on October 15, 2007, the days became longer and more demanding than ever before. But despite the long hours and fatigue, we both loved going out into the community and meeting the wonderful Filipino families. Even those living in the most desperate conditions always had a friendly smile and a warm welcome.

At the conclusion of the campaign, the team members from the WHO country office regrouped in Manila. There was a frenzy of report writing, debriefing, packing and saying goodbye – not only to each other, but to the wonderful Filipino people we had met over the previous three months. The challenges of working in typhoons, traveling in traffic that moved at a snail's pace (at the best of times), language barriers, long hours, and working in sweltering temperatures were soon forgotten. The reward of having the opportunity to work on a global public health program of this magnitude was what we would all remember.

Now that we are back home in Canada, we both think back on our time in the Philippines with great affection. When we speak on the phone, we reminisce about the amazing experiences that we shared. The smiles, music, and laughter that reverberated all around, despite some impoverished living conditions, stay with us now. We will always remember the resilience, grace, and warmth of the Filipino people.

New Generation, from page 6...

The 2008 CPHA Conference *"Reducing Health Inequalities through Evidence and Action"* presented numerous examples of dialogue around the future approaches to public health. Delegates were challenged with the task of joining and strengthening the social movement required to tackle the health inequities evident within and beyond Canada. We heard about the Canada we have today and also about the Canada that we may be left with in the future should swift and dramatic action not be taken to address these issues. Delegates were called to action and encouraged to focus on the broader social determinants of health, engage with individuals, organizations, and sectors outside of health, and take a systems lens. Public Health is well poised to be a natural champion within this social movement and I, for one, am glad that there were so many current students who may be future public health leaders present to hear the charge.

THE SOUTHERN AFRICAN AIDS TRAINING PROGRAMME

Closing a chapter on one of CPHA's major international initiatives

On June 30, 2008, the 18-year relationship between the Canadian Public Health Association (CPHA), the Southern African AIDS Trust (SAT) and the Canadian International Development Agency (CIDA) came to an end. "CPHA has successfully worked itself out of a job," remarked Debra Lynkowski, CPHA's CEO. "This is an important milestone for Canadian overseas development assistance. From very early on, we wanted Africans to lead and direct this program… finding African solutions for African communities."

The Southern African AIDS Training (SAT) Programme was launched in 1990 to enhance the capacity of community organizations in southern Africa to design and deliver effective HIV prevention and AIDS care, support and treatment activities. From 1990 to 2003, the SAT Programme existed as a regional initiative managed and implemented by CPHA through a project support office located in Harare (Zimbabwe), with satellite offices in several countries in the southern African region. Shortly after its inception, the late Renée Sabatier, the Programme's founding Director, had a vision to evolve the SAT Programme into a stand-alone NGO to support communities throughout the southern African region.

In late 2003, following almost two years of preparatory work and effort, the Southern African AIDS Trust was established and formally registered in Zimbabwe (in 2005, SAT's Regional Office was relocated to South Africa). Although CPHA continued to be contractually responsible to CIDA for the successful completion of the initiative until June 2008, SAT became fully responsible for the implementation and management of CIDA-funded activities in the field. The Association's role shifted to providing technical support and advice to help strengthen SAT's organizational and programmatic capacity.

Over the years, this initiative has provided financial and technical support to more than 270 national and regional partners. The initiative has impacted the lives of hundreds of thousands of men, women and children infected and affected by HIV and AIDS in southern Africa. Through a strong and vibrant partnership between Canada and Africa, SAT has successfully helped African organizations to build their capacity to respond effectively to HIV and AIDS in their communities.

SAT has become a strong regional autonomous organization, and continues to enhance its support to HIV and AIDS community competence. It has succeeded in broadening its funding base from a single donor to multiple donors. SAT is currently negotiating with other potential donors, including CIDA, for future direct funding support.

"This transformation and the transfer of ownership of this initiative from the "northern partner" (CPHA) to the "southern partner" (SAT) is the ultimate achievement for international development and public health," commented Anita Sandström, SAT's Executive Director.

Canada and CPHA can be proud of the success of this international initiative and the contribution it has made to improve the conditions of life for so many people in southern Africa.

Combatting the Tobacco Epidemic in South-east Asia

An Internship with WHO's Tobacco-free Initiative (TFI)

by Putu Duff

The lethal practice of tobacco use in the South-East Asia region is very prevalent. In fact, the number of users continues to escalate and now claims an estimated 1.2 million lives in the region annually. This year, I was part of the effort to combat this epidemic.

As part of the Canadian International Development Agency (CIDA)-sponsored Netcorps internship, I was selected to work as an intern with the Tobacco Free Initiative (TFI) team with the World Health Organization's (WHO) South-East Asia Regional Office (SEARO) from October 2007 to April 2008. This internship was managed by the Canadian Society for International Health (CSIH) and the internship placement was identified by and organized with the assistance of CPHA. Working closely with the TFI team and WHO's information technology department, I redesigned and updated the TFI website and database. These online resources are an essential tool for tobacco prevention and control in the region, supporting and facilitating policy and program change in SEA.

Putu Duff (WHO Intern), Dr. Dhirendra N. Sinha (Regional Tobacco Surveillance Officer) and Ms. Maria Leonor Restrepo (BGI Project Officer) in Yogyakarta, Indonesia for the BGI Orientation Workshop.

Working with the WHO provided me with insights into the severity and complexity of the tobacco epidemic in SEA. The

...see Tobacco, page 12

Tobacco, from page 11...
region's population ranks among the world's highest in terms of consumption of tobacco products. Four of the region's countries (Bangladesh, Indonesia, India and Thailand) rank among the countries with the highest tobacco-related illness burden. As SEA is among the largest producers of tobacco products, the tobacco industry wields tremendous influence over the economy, further complicating the tobacco control situation. Other challenges faced by tobacco control efforts include: weak policy infrastructure (legislation and regulations), lack of financial and human resources, and poor enforcement of existing tobacco control measures.

Despite these impediments, much progress has been made in the effort to reduce tobacco use. All but one country in the region (Indonesia) have signed and ratified WHO's Framework Convention on Tobacco Control. Many countries have drafted and implemented tobacco control strategies, plans of action, legislation and guidelines for enforcement, among others. Focus has also been placed on promoting and improving education, training, communication and public awareness, advocacy surveillance research and partnership among governments, donors, NGOs, national foundations and collaborating centres. Tobacco control surveillance in the region is a key element to measure and monitor the progress of national tobacco control policies and programs. Additional resources are being provided by the Bloomberg Global Initiative (BGI) to Reduce Tobacco Use to supplement and complement current tobacco control efforts, particularly in the high burden countries of Bangladesh, India, Indonesia and Thailand.

Based on my experience with the SEARO TFI team and having met many of the region's country representatives involved in tobacco control, I am optimistic that progress will continue to be made in reducing tobacco use and protecting the lives of people throughout this region. ♣

NCCPH Summer Institute – *KSTE in Action*

Don't miss this opportunity to participate in the National Collaborating Centre's 3rd Annual Summer Institute in beautiful Kelowna, BC from August 5-7, 2008. In keeping with the emphasis on relationship-building and interaction, the theme of this year's institute in Knowledge, Synthesis, Translation and Exchange is "KSTE in Action".

We encourage you to register now for the Summer Institute. We have negotiated a preferred rate at the Grand Okanagan Lakefront Resort and Conference Centre in Okanagan Valley, however the number of hotel rooms is limited. Please book your room soon in order to obtain the special conference rate of $195.

To register, please visit: http://summerinstitute.nccph.ca ♣

Policy Update, from page 1...
the Board's attention. This was a new process that would not require resolutions, motions or voting by the membership.

Forty-three members attended the June 3rd AGM. Lynn McIntyre, CPHA Board member, introduced the first "Open Mike" session. Several members noted that as CPHA is moving away from the resolution process, new ways to have meaningful discussion on important issues need to be put into place and that CPHA members need to see how they can communicate on those public health issues that are important to them. A number of practical ideas were brought forward as well as suggestions to facilitate and improve CPHA's policy development process and advocacy activities:

- improve access on CPHA's website to the Association's positions and policies and ensure documentation of current policies which have been and will be developed outside of the previous resolution process;
- communicate more regularly on CPHA's Centenary activities, including ideas received from members;
- develop new ways of ensuring members can represent the Association at policy consultations and also use the expertise of members to help frame priorities; and,
- build a strong coalition related to climate change adaptation with equity as a focus. This would be a good opportunity for a working group.

A suggestion was also made to seek and develop interdisciplinary responses to issues. This point was supported by other comments that included seeking ways to bring other groups to the table on issues, including the Provincial/Territorial Public Health Associations. As one member pointed out, policy-makers are attracted by interesting collaborations. It is not always necessary for CPHA to take the lead on issues; it should explore partnering with other health and non-health organizations in support of important public health issues. CPHA was reminded that the Call to Action, developed at this year's CPHA conference (see mention in CEO's Column, page 2) must be balanced such that the goals are attainable. The Association should not overlook collecting ideas for action and programs as well as around the process for moving forward to advocate for sound public health policy.

Many thanks to all who participated in the on-line member survey. The CPHA Board of Directors is committed to maintaining ongoing national policy foci based on input from the Association's members and from the CPHA Advisory Council. CPHA's members represent the front line of public health in Canada; your voice is of vital importance to effecting healthy public policy. ♣

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"Partners Around the World" is undertaken with the financial support of the Government of Canada provided through the Canadian International Development Agency (CIDA).